DOCKETED	
Docket Number:	01-AFC-19C
Project Title:	SMUD Cosumnes Power Plant - Compliance
TN #:	244288-49
Document Title:	NPDES Permit Application - Appendix 8_14A
Description:	N/A
Filer:	Patty Paul
Organization:	Ch2mhill/Carrier
Submitter Role:	Applicant Consultant
Submission Date:	8/1/2022 5:08:59 PM
Docketed Date:	8/1/2022

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NPDES Permit Application

Permits Division



Application Form 1 - General Information

Consolidated Permits Program

This form must be completed by all persons applying for a permit under EPA's Consolidated Permits Program. See the general instructions to Form 1 to determine which other application forms you will need.

CALIFORNIA ENVIRONMENTAL PROTECTION AGENCY

State of California Regional Water Quality Control Board



Form 200(6/97)

APPLICATION/REPORT OF WASTE DISCHARGE GENERAL INFORMATION FORM FOR WASTE DISCHARGE REQUIREMENTS OR NPDES PERMIT



A. Facility:	FACILITY IN	FORMATION		
Name: COSUMNES POWER	PLANT.	. SMU	<u>D</u>	
Address: 6201 S STREET			_	
SACRAMENTO	County:	State:	Zip 9	Code: 5817
Contact Person: COUN TAYLOR	DIRECTOR	Telephone Numb	er: 3.2 -	6724
B. Facility Owner:	- INCCION	7.9	<i></i>	<u> </u>
Name: SAME.				Type (Check One) Individual 2. Corporation
Address:	· · · · · · · · · · · · · · · · · · ·	<u></u>	3. X	Governmental 4. Partnership Agency
City:	State:	Zip Code:	5. 🗆	Other:
Contact Person:		Telephone Numbe	er:	Federal Tax ID:
C. Facility Operator (The agency or business, not	the person):			
Name: SAME			Opera	ator Type (Check One) Individual 2. Corporation
Address:]3. 🗆	Governmental 4. Partnership Agency
City:	State:	Zip Code:	5.	Other:
Contact Person:		Telephone Numbe	r:	
D. Owner of the Land:				
Name: SAME			Owner	r Type (Check One) Individual 2. Corporation
Address:			3. 🗆	Governmental 4. Partnership Agency
City:	State:	Zip Code:]s. 🗆	Other:
Contact Person:		Telephone Number:		
E. Address Where Legal Notice May Be Serv	ved:			
Address: SAME				
City:	State:	Zip Code:		
Contact Person:		Telephone Numb	er;	
F. Billing Address:				
Address: SAME				
City:	State:	Zip Code:		
Contact Person:		Telephone Numb	er:	

CALIFORNIA ENVIRONMENTAL PROTECTION AGENCY

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APPLICATION/REPORT OF WASTE DISCHARGE GENERAL INFORMATION FORM FOR WASTE DISCHARGE REQUIREMENTS OR NPDES PERMIT



II. TYPE OF DISCHARGE

Check Type of Discharge(s) Described	I in this Application (A <u>or</u> B):
A. WASTE DISCHARGE TO	B. WASTE DISCHARGE TO SURFACE WATER
Check all that apply:	
	Animal Waste Solids Animal or Aquacultural Wastewater
Domestic/Municipal Wastewater Treatment and Disposal	Animal Waste Solids
Cooling Water Mining	Band Housing City
Waste Pile	☐ Dredge Material Disposal ☐ Hazardous Waste (see instructions) ☐ Surface Impoundment ☐ Landfill (see instructions)
Wastewater Reclamation	☐ Industrial Process Wastewater ☐ Storm Water
Other, please describe:	Industrial Frocess wastewater —
Other, please describe.	, and the second
III. Describe the physical location of the f	. LOCATION OF THE FACILITY facility.
1. Assessor's Parcel Number(s)	2. Latitude 3. Longitude
Facility: 140 - 050 - 010 ,140 - 090.	Pacility: SAME Facility: SAME
Discharge Point: 140-050-010	Discharge Point: 38,34 Discharge Point: 121.12
New Discharge or Facility	IV. REASON FOR FILING Changes in Ownership/Operator (see instructions)
☐ Change in Design or Operatio	on Waste Discharge Requirements Update or NPDES Permit Reissuance
☐ Change in Quantity/Type of D	Discharge Other:
	A ENVIRONMENTAL QUALITY ACT (CEQA)
Name of Lead Agency: <u>('ALIFORNU</u>	·
	e proposed project is exempt from CEQA? Yes No and the name of the agency supplying the exemption on the line below.
Has a "Notice of Determination" been f	cument, Environmental Impact Report, or Negative Declaration. If no, identify the
Expected CEQA Document	
FIR Negative Decla	eration Expected CEOA Completion Date: JUNE 2007

CALIFORNIA ENVIRONMENTAL PROTECTION AGENCY

State of California Regional Water Quality Control Board



APPLICATION/REPORT OF WASTE DISCHARGE GENERAL INFORMATION FORM FOR WASTE DISCHARGE REQUIREMENTS OR NPDES PERMIT



VI. OTHER REQUIRED INFORMATION

Please provide a COMPLETE characterization of your discharge. A complete characterization includes, but is not limited to, design and actual flows, a list of constituents and the discharge concentration of each constituent, a list of other appropriate waste discharge characteristics, a description and schematic drawing of all treatment processes, a description of any Best Management Practices (BMPs) used, and a description of disposal methods.

Also include a site map showing the location of the facility and, if you are submitting this application for an NPDES permit, identify the surface water to which you propose to discharge. Please try to limit your maps to a scale of 1:24,000 (7.5' USGS Quadrangle) or a street map, if more appropriate.

VII. OTHER

		nich need clarification. List attac		
application is complete or	representative of the RWQCB if there is additional informatication 13260 of the California	s within 30 days of receipt of your on you must submit to complete yo Water Code.	r application. The nour Application/Repor	otice will state if your t of Waste Discharge,
		1		
	VIII	CERTIFICATION		
		iding all attachments and suppler		
direction and supervision in information submitted. Base gathering the information, th that there are significant	accordance with a system de- ed on my inquiry of the perso- ne information submitted is, to penalties for submitting f	signed to assure that qualified point or persons who manage the systhe best of my knowledge and becalse information, including the	ersonnel properly ga stem, or those person clief, true, accurate, a ne possibility of fin	thered and evaluated the state of the state
direction and supervision in information submitted. Base gathering the information, th that there are significant	accordance with a system de ed on my inquiry of the perso ne information submitted is, to	signed to assure that qualified point or persons who manage the systhe best of my knowledge and bestalse information, including the	ersonnel properly ga stem, or those person elief, true, accurate, a ne possibility of fin	thered and evaluated the state of the state
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direction and supervision in information submitted. Base gathering the information, the hat there are significant Print Name:	accordance with a system deed on my inquiry of the persone information submitted is, to penalties for submitting f	signed to assure that qualified point or persons who manage the systhe best of my knowledge and bestalse information, including the	ersonnel properly ga stem, or those person elief, true, accurate, a ne possibility of fin	thered and evaluated the state of the state

California Environmental Protection Agency Bill of Rights for Environmental Permit Applicants

California Environmental Protection Agency (Cal/EPA) recognizes that many complex issues must be addressed when pursuing reforms of environmental permits and that significant challenges remain. We have initiated reforms and intend to continue the effort to make environmental permitting more efficient, less costly, and to ensure that those seeking permits receive timely responses from the boards and departments of the Cal/EPA. To further this goal, Cal/EPA endorses the following precepts that form the basis of a permit applicant's "Bill of Rights."

- 1. Permit applicants have the right to assistance in understanding regulatory and permit requirements. All Cal/EPA programs maintain an Ombudsman to work directly with applicants. Permit Assistance Centers located throughout California have permit specialists from all the State, regional, and local agencies to identify permit requirements and assist in permit processing.
- 2. Permit applicants have the right to know the projected fees for review of applications, how any costs will be determined and billed, and procedures for resolving any disputes over fee billings.
- 3. Permit applicants have the right of access to complete and clearly written guidance documents that explain the regulatory requirements. Agencies must publish a list of all information required in a permit application and of criteria used to determine whether the submitted information is adequate.
- 4. Permit applicants have the right of timely completeness determinations for their applications. In general, agencies notify the applicant within 30 days of any deficiencies or determine that the application is complete. California Environmental Quality Act (CEQA) and public hearing requests may require additional information.
- 5. Permit applicants have the right to know exactly how their applications are deficient and what further information is needed to make their applications complete. Pursuant to California Government code Section 65944, after an application is accepted as complete, an agency may not request any new or additional information that was not specified in the original application.
- 6. Permit applicants have the right of a timely decision on their permit application. The agencies are required to establish time limits for permit reviews.
- 7. Permit applicants have the right to appeal permit review time limits by statute or administratively that have been violated without good cause. For state environmental agencies, appeals are made directly to the Cal/EPA Secretary or to a specific board. For local environmental agencies, appeals are generally made to the local governing board or, under certain circumstances, to Cal/EPA. Through this appeal, applicants may obtain a set date for a decision on their permit and, in some cases, a refund of all application fees (ask boards and departments for details).
- 8. Permit applicants have the right to work with a single lead agency where multiple environmental approvals are needed. For multiple permits, all agency actions can be consolidated under a lead agency. For site remediation, all applicable laws can be administered through a single agency.
- 9. Permit applicants have the right to know who will be reviewing their application and the time required to complete the full review process.

1 0111111	RONMENTAL PROTE		I. EPA I.D. NUMBER		
	NERAL INFORM Consolidated Permits P	the state of the s	<u>s </u>		T/A C
GENERAL (Read the	"General Instructions"	before starting.)	GENERAL INSTRU		13 14 15
I. EPA I.D. NUMBER	1 1 1 1 1	1./	a preprinted label has be	en provi	ded affiv
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	DE ANTE		in the designated space. Find the carefully, if any of it	tt waivas	a inform
III. FACILITY NAME COSUMNES POWE	RPLANT		irough it and enter the c	orrect da	ata in the
SMUD		1	opropriate fill—in area belo re preprinted data is abser	ov Alen	if any of
FACILITY V MAILING ADDRESS SACRAMENTO, CA	05817	,	ft of the label space list	s the in	formation
V. MAILING ADDRESS SACRAMENTO, CA			oper fill—in area/s/ below	w. If the	e lahel ie
ATTN. COLIN TAI	LOK		e and correct, you	need not	complete
			ems I, III, V, and VI (e ust be completed regard)	less). Cod	molete all
VI FACILITY RANCHO SECO C	ENERATING STA	ATION	ems if no label has been a instructions for detail	provided.	Refer to
HERALD, CA			ons and for the legal au	thorizati	ons under
			hich this data is collected.		
II. POLLUTANT CHARACTERISTICS			•		0
INSTRUCTIONS: Complete A through J to determine					
questions, you must submit this form and the supplem if the supplemental form is attached. If you answer "r	ental form listed in the	e parenthesis following the que	estion. Mark "X" in the box in t	he third	column
is excluded from permit requirements; see Section C of	the instructions. See als	o. Section D of the instruction	s for definitions of bold—faced	terms.	activity
	The second secon	The state of the s		<u> </u>	RK 'X'
SPECIFIC QUESTIONS	MARK 'X' YES NO ATTACHED		DUESTIONS	YES NO	ATTACHED
A. Is this facility a publicly owned treatment wor			(either existing or proposed)		,
which results in a discharge to waters of the U.S (FORM 2A)	·? X	aquatic animal production	on facility which results in a	X	
C. Is this a facility which currently results in discharge	16 17 18		U.S.? (FORM 2B) y (other than those described	t9 20	20 %
to waters of the U.S. other than those described		in A or B above) which	will result in a discharge to	X	
A or B above? (FORM 2C)	22 23 24	waters of the U.S.? (FOR	M 2D) at at this facility industrial or	25 26	27 PVS
E. Does or will this facility treat, store, or dispose hazardous wastes? (FORM 3)	of V	municipal effluent below	v the lowermost stratum con-		
Hazardous wastes: (LOUM 3)	\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		arter mile of the well bore, frinking water? (FORM 4)	X	
G. Do you or will you inject at this facility any produc		!	t at this facility fluids for spe-	31 32	2 33 ∴ ./a/
water or other fluids which are brought to the surfa in connection with conventional oil or natural gas pr		cial processes such as m	ining of sulfur by the Frasch		
duction, inject fluids used for enhanced recovery	of Y		of minerals, in situ combus-	X	
oil or natural gas, or inject fluids for storage of liqu hydrocarbons? (FORM 4)	1G 34 35 36	(FORM 4)		37 30	
 Is this facility a proposed stationary source which one of the 28 industrial categories listed in the 	is		ed stationary source which is ustrial categories listed in the		
structions and which will potentially emit 100 to	ns 🗸	instructions and which v	vill potentially emit 250 tons	У	
per year of any air pollutant regulated under t Clean Air Act and may affect or be located in			tant regulated under the Clean or be located in an attainment	/	`
attainment area? (FORM 5)	40 41 42	area? (FORM 5)		2013 9 344	
III. NAME OF FACILITY					
1 SKIP COSUMNES POWER	PLANT				
IV. FACILITY CONTACT	e se av kaselsa liberia.			69.	
A. NAME & TITLE (last	Best & Hillar		. PHONE (area code & no.y.	C5 (2.85)	0.00
	<u> </u>	, , , , , , , , , , , , , , , , , , , 			
2 TAYLOR, COLIN, DI	R.E.C.T.O.R	<u> </u>	6 732 67 Z4		
V. FACILITY MAILING ADDRESS			48 49 - 37 52 - 3 - 55		344,3 CX
A. STREET OR P	о вох				- 648%
36201 S STREET					
3 6 201 S STREET		45			
B. CITY OR TOWN		C.STATE D. ZIP CO	DE		
4 SACRAMENTO	, , , , , , , ,	CA 9581	· 7	,	
15 16		46 41 42 47	- 151		25.45
VI. FACILITY LOCATION	D COPOLE IO LOCKETIC		Section 1 december 1		1,21, 5, 7,80
A. STREET, ROUTE NO. OR OTHE	A SPECIFIC IDENTIF	128			
5 CLAY EAST ROAD					
B. COUNTY NAME		45			
	, , , , , , , , , , , , , , , , , , , 		and the second		, Z
SACRAMENTO				* **	33 K
C. CITY OR TOWN		D.STATE E.ZIP CO	DE F. COUNTY CODE (if known)		
6 H ERALD	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	CA 9563			14
I ON CAALD			2P		1 N

CONTINUED FROM THE FRONT	
VII. SIC CODES (4-digit, in order of priority)	
A. FIRST	B. SECOND
74911 ELECTRIC POWER GENERATI	ON 71629 POWER PLANT CONSTRUCTION
C. THIRD	
c (specify)	c (specify)
7	7
VIII. OPERATOR INFORMATION	1 15 1 16 19
	NAME B. Is the name listed in
	Item VIII-A also the owner?
8 SACRAMENTO MUNICIPA	L UTILITY DISTRICT X YES INO
15 16	31
C. STATUS OF OPERATOR (Enter the appropriate letter in	
F = FEDERAL M = PUBLIC (other than federal or state) S = STATE O = OTHER (specify)	M M A M M A M A M A M M
P = PRIVATE	MUNICIPAL UTILITY 13 11 11 11 12 21 22 . 35
E, STREET OR P.O. BOX	
6201 S STREET	
26	G.STATE H. ZIP CODE IX, INDIAN LAND
F. CITY OR TOWN	G.STATE H. ZIP CODE IX. INDIAN LAND Is the facility located on Indian lands?
BSACRAMENTO	CA 95817 - YES DINO
in in	40 41 42 47 34 352
X. EXISTING ENVIRONMENTAL PERMITS	A STATE OF THE STA
A. NPDES (Discharges to Surface Water) D. PSD (A	Air Emissions from Proposed Sources)
CT III CT III CT III	I T T T T T T T T T T T T T T T T T T T
9 N 9 P 30 13 16 17 18 30 13 16 17 18	None
B. UIC (Underground Injection of Fluids)	E. OTHER (specify)
9 U	(specify)
15 16 17 16 - 30 15 16 17 18	30
C. RCRA (Hazardous Wastes)	E. OTHER (specify)
9 R	(specify)
15 16 17 18 30 15 16 17 18	2 (A)
XI. MAP	The state of the s
Attach to this application a topographic map of the area of the facility the location of each of its exi	extending to at least one mile beyond property bounderies. The map must show the string and proposed intake and discharge structures, each of its hazardous wasters.
treatment, storage, or disposal facilities, and each well w	here it injects fluids underground. Include all springs, rivers and other surface
water bodies in the map area. See instructions for precise r	requirements,
XII. NATURE OF BUSINESS (provide a brief description)	A STATE OF THE STA
ELECTRICAL GENERATION	
CCC INICHE GLIOCE. TIO.	
	•
	<i>⇒</i> 1
XIII. CERTIFICATION (see instructions)	
	mined and am familiar with the information submitted in this application and all specifies in the second in the
application, I believe that the information is true, accur	ate and complete. I am aware that there are significant penalties for submitting
false information, including the possibility of fine and im	
A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE C. DATE SIGNED
COMMENTS FOR OFFICIAL USE ONLY	

Please type or print (n the unshade	d areas	nlv	EPA ID	Number (co	py from Item 1 of Form 1)		
Form				1	lew S	ources and Ne	w Dischargers	<u> </u>
NPDES	シヒア /	A·A	ppli	cation	for Pe	ermit to Discha	arge Process Wastew	ater
. Outfall Location	n							
For each outfall Number			·			he receiving water.		
(list)	Deg Mi			ngitude Min Sec	Receiving	Water (name)		
001	38 20	24	121	7 12	CLAY	CREEK		
								<u> </u>
					·			
				,				
	<u> </u>							
I. Discharge Dat	te (When do	you exp	ect to be	gin dischar	ging?)			
II. Flows, Source	_ ZOO es of Pólluti		Treatm	ent Techno	logies			
process uted by if necess	wastewat each oper sary.	er, san ration;	itary w and (3	vastewate 3) The tre	er, cooling atment r	ywater, and stormwate eceived by the wastev	wastewater to the effluent, incluer runoff; (2) The average flow convater. Continue on additional sh	ntrib-
Outfall Number	1	. Operat	ions Cor	ntributing Fl	OW ·	2. Average Flow (include units)	3. Treatment (Description or List Codes from Table	2D-1)
001	Cool	1106	Tou	UER B	LOWIDO	in 1622 apm	1-F, 1-G, 1-U	
	ULTR	AFI	LTRAT	TION R	EJECT	7 9pm	1-F, 1-G, 1-U	
	1 _			WAT	Į.	29pm	1-F, 1-G, 1-U	
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r		٠.						
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